

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM					
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL	<input type="checkbox"/>	SECRET
<b>CENTRAL INTELLIGENCE AGENCY OFFICIAL ROUTING SLIP</b>					
TO	NAME AND ADDRESS	DATE	INITIALS		
1					
2					
3					
4					
5					
6					
<input type="checkbox"/>	ACTION	<input type="checkbox"/>	DIRECT REPLY	<input type="checkbox"/>	PREPARE REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	DISPATCH	<input type="checkbox"/>	RECOMMENDATION
<input type="checkbox"/>	COMMENT	<input type="checkbox"/>	FILE	<input type="checkbox"/>	RETURN
<input type="checkbox"/>	CONCURRENCE	<input type="checkbox"/>	INFORMATION	<input type="checkbox"/>	SIGNATURE
<b>Remarks:</b> <i>Nothing from Clinical Division</i>					
<b>FOLD HERE TO RETURN TO SENDER</b>					
FROM: NAME, ADDRESS AND PHONE NO.					DATE
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL	<input type="checkbox"/>	SECRET

FORM NO. 237 Use previous editions

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